

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Frederick M. Mako, Robert L. Bruce

Application No.: 10/773,516  
 Filed: 02/05/2004  
 For: CERAMIC JOINING

Group No.: 1791  
 Examiner: Michael N. Orlando

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is a small entity. A statement was already filed.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$555.00

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	3	— 20	= 0	x \$ 26.00	= \$	0.00	
INDEP.	1	— 3	= 0	x \$ 110.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

No additional fee for claims is required.

**FEE PAYMENT**

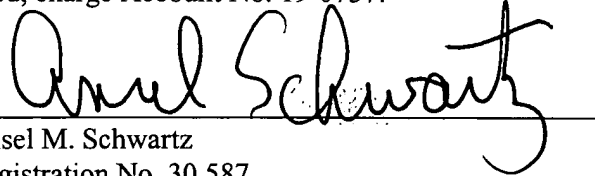
5. Attached is a check in the sum of \$555.00.

A duplicate of this paper is attached.

**FEE DEFICIENCY**

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.

A handwritten signature in black ink, reading "Ansel Schwartz", is written over a horizontal line.

Ansel M. Schwartz  
Registration No. 30,587  
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201 N. Craig Street  
Suite 304  
Pittsburgh, PA 15213  
412-621-9222



Practitioner's Docket No. MAKO-12 CONT

PATENT

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Application No.: 10/773,516

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**CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R.  
§ 1.8(a)(i)(1)(A))**

I hereby certify that on November 11, 2009 the following correspondence:

Name of Paper: AMENDMENT TRANSMITTAL

Number of Pages: 2

Fees: Three-month extension      Amount: \$555.00      Payment By: Check

Other: AMENDMENT

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with sufficient postage as first class mail.

Tracey L. Klaas  
Signature

Telephone Number: 412-621-9222

Tracey L. Klaas  
Type or print name of person certifying

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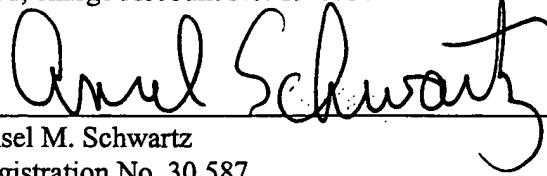
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